



PROJECT NUMBER	PROJECT TITLE – AS IT APPEARS ON PLANS
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PROPERTY INFORMATION

Property Parcel No. _____

Property Legal: Block(s) _____ Lot(s) _____ (or attach legal description)

Property Area: Acres _____ Square Feet _____ Property Address (if applicable) _____

Surrounding Zoning: North _____ South _____ West _____ East _____

Project description: _____

PROPOSED MODIFICATIONS TO EXISTING WIRELESS TELECOMMUNICATIONS FACILITY(S)

1. Is this application for modifications to an existing facility? ____ Yes ____ No
 - a. If you answered “no” to question 1, please contact us at (303) 651-8330 or longmont.planning@longmontcolorado.gov to schedule a pre-application meeting before proceeding with submission of your application.
2. Will the modifications to the existing facility increase the height or width of the structure?
 ____ Yes ____ No ____ N/A
3. If you answered “yes” to question 2, by what percentage is the increase? ____ Height ____ Width
4. Does the application propose any new ground equipment? ____ Yes ____ No
5. Do you need new or upgraded electrical service for the facility? ____ Yes ____ No

APPLICATION SUBMITTAL REQUIREMENTS

- Copy of executed lease with property owner or license agreement with the City of Longmont
- Site plan that includes existing conditions and depicts location of proposed modifications to the existing facility
- Elevation drawings or visual analysis of proposed facility or modifications to existing facility including all equipment, indicating materials, overall exterior dimensions, and colors
- Vicinity map

RIGHT-OF-WAY INFORMATION (use only for Small Cell Facilities in ROW)

Nearest cross street intersection (i.e. 3rd and Kimbark): _____

Name of ROW where equipment will be installed (i.e. 3rd Avenue): _____

Address of closest property to existing or proposed structure (i.e. 624 3rd Avenue): _____

PROPERTY OWNER / APPLICANT / CONSULTANT INFORMATION

Property Owner(s) _____

Address _____

Phone _____ Fax _____ E-mail _____

Applicant(s) _____

Address _____

Phone _____ Fax _____ E-mail _____

Consultant _____

Address _____

Phone _____ Fax _____ E-mail _____

CONTACT PERSON

Identify one person to serve as the contact for the Planning and Development Services Division during the review process. This will be the only person notified by the Planning and Development Services Division regarding comments and meetings (if needed). The contact person is responsible for notifying other parties who may be involved in the project.

Name _____ Address _____

Phone _____ Fax _____ E-mail _____ Contact _____

Preference: Phone or Email

APPLICANT CERTIFICATION

I certify that the information and exhibits I have submitted are true and correct to the best of my knowledge. In filing the application I am acting with the knowledge and consent of those persons who are owners of the subject property or are parties to this application. I understand that all materials required by the City of Longmont must be submitted prior to having this application processed and that additional fees or materials may be required as a result of processing of this application.

Signature

Date

Signature

Date

PLANNING STAFF USE ONLY

Approved

Denied. Reason(s): _____

Staff signature

Date

NOTE TO APPLICANT: If this application checklist was denied, please contact us at (303) 651-8330 or longmont.planning@longmontcolorado.gov to schedule a pre-application meeting.